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AMENDED RETURN

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2011

Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T

Department of the Treasury Internal Revenue Service

For calendar year 2011 or other tax year beginning , and ending

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

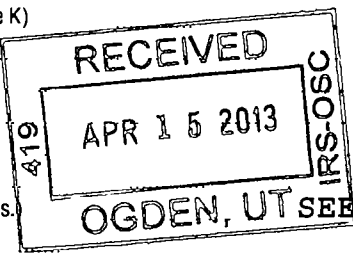
H Describe the organization's primary unrelated business activity. SEE STATEMENT 1
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of TONY MOORE Telephone number 309-672-5914

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales 4,053,957; 2 Cost of goods sold; 3 Gross profit; 5 Income (loss) from partnerships and S corporations 31,910; 13 Total. Combine lines 3 through 12 4,085,867.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages 1,484,083; 16 Repairs and maintenance 5,338; 19 Taxes and licenses 176,158; 20 Charitable contributions 72,053; 21 Depreciation 45,674; 22 Less depreciation claimed on Schedule A and elsewhere on return 45,674; 25 Employee benefit programs 326,498; 28 Other deductions (attach schedule) SEE STATEMENT 5 1,326,587; 29 Total deductions. Add lines 14 through 28 3,436,391; 30 Unrelated business taxable income before net operating loss deduction 649,476; 32 Unrelated business taxable income before specific deduction 649,476; 33 Specific deduction (Generally \$1,000, but see instructions for exceptions.) 1,000; 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 648,476.



Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [X] See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$ 1,500,000. b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$ c Income tax on the amount on line 34 SEE STATEMENT 7 35c 220,482. 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041) 36 37 Proxy tax See instructions 37 38 Alternative minimum tax 38 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 220,482.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 40a 40b Other credits (see instructions) 40b 40c General business credit. Attach Form 3800 40c 85,843. 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d 4,944. 40e Total credits. Add lines 40a through 40d 40e 90,787. 41 Subtract line 40e from line 39 41 129,695. 42 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule) 42 43 Total tax. Add lines 41 and 42 43 129,695. 44a Payments: A 2010 overpayment credited to 2011 44a 44b 2011 estimated tax payments 44b 450,000. 44c Tax deposited with Form 8868 44c 44d Foreign organizations: Tax paid or withheld at source (see instructions) 44d 44e Backup withholding (see instructions) 44e 44f Credit for small employer health insurance premiums (Attach Form 8941) 44f 44g Other credits and payments: [] Form 2439 [] Form 4136 [X] Other -315,361. Total 44g -315,361. 45 Total payments. Add lines 44a through 44g SEE STATEMENT 6 45 134,639. 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached [X] 46 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 4,944. 49 Enter the amount of line 48 you want: Credited to 2012 estimated tax Refunded 49 4,944.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year 1 2 Purchases 2 3 Cost of labor 3 4a Additional section 263A costs 4a b Other costs (attach schedule) 4b 5 Total. Add lines 1 through 4b 5 6 Inventory at end of year 6 7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2 7 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Date 4/8/13 Title VP FINANCE/CFO May the IRS discuss this return with the preparer shown below (see instructions)? Yes No Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check self-employed if PTIN Firm's name Firm's EIN Firm's address Phone no.

1 Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	
0.		0.	

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 2

DESCRIPTION

AMOUNT

PREMIER PURCHASING PARTNER
CENTRAL ILLINOIS CANCER CARE CENTER, LLC

TOTAL TO FORM 990-T, PAGE 1, LINE 5

1,007.
30,903.

31,910.

METHODIST MEDICAL CENTER OF ILLINOIS

37-0661223

FORM 990-T

CONTRIBUTIONS

STATEMENT 3

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

CONTRIBUTION

N/A

72,053.

TOTAL TO FORM 990-T, PAGE 1, LINE 20

72,053.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION	AMOUNT
PURCHASED SERVICES	382,113.
UTILITIES	18,128.
MISCELLANEOUS	196,786.
RENTAL EXPENSE	30,540.
TELEPHONE COSTS	1,994.
SUPPLIES	517,383.
ADMIN AND GENERAL	178,170.
ADVERTISING/PUBLIC RELATIONS	1,473.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,326,587.

FORM 990-T

TAX COMPUTATION

STATEMENT 5

1.	TAXABLE INCOME	648,476	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	0	
3.	LINE 1 LESS LINE 2	648,476	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	0	
5.	LINE 3 LESS LINE 4	648,476	
6.	INCOME SUBJECT TO 34% TAX RATE	648,476	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	0	
9.	25 PERCENT OF LINE 4	0	
10.	34 PERCENT OF LINE 6	220,482	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX.	0	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C		<u>220,482</u>

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 8

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2006
 FOR TAX YEAR 2007
 FOR TAX YEAR 2008
 FOR TAX YEAR 2009
 FOR TAX YEAR 2010

TOTAL CARRYOVER

CURRENT YEAR CONTRIBUTIONS

72,053

TOTAL CONTRIBUTIONS

72,053

10% OF TAXABLE INCOME AS ADJUSTED

72,053

EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS

72,053

AMT CHARITABLE DEDUCTION

72,053

REGULAR CONTRIBUTION DEDUCTION

72,053

AMT CONTRIBUTION ADJUSTMENT

0

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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REFERENCE LABORATORY, CHILD CARE, RESEARCH AND PHYSICIANS ANSWERING SERVICE
TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 2

LIST OF LINES AMENDED

PART IV, LINES 40D & 44G
FORM 8887

THE RETURN HAS BEEN AMENDED TO INCLUDE PREVIOUS CREDIT
FOR PRIOR YEAR MINIMUM TAX OMITTED ON THE ORIGINALLY
FILED RETURN.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 3

DESCRIPTION	AMOUNT
PREMIER PURCHASING PARTNER	1,007.
CENTRAL ILLINOIS CANCER CARE CENTER, LLC	30,903.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	31,910.

FORM 990-T		CONTRIBUTIONS	STATEMENT 4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CONTRIBUTION	N/A	72,053.	
TOTAL TO FORM 990-T, PAGE 1, LINE 20		72,053.	

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION	AMOUNT
PURCHASED SERVICES	382,113.
UTILITIES	18,128.
MISCELLANEOUS	196,786.
RENTAL EXPENSE	30,540.
TELEPHONE COSTS	1,994.
SUPPLIES	517,383.
ADMIN AND GENERAL	178,170.
ADVERTISING/PUBLIC RELATIONS	1,473.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,326,587.

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 6

DESCRIPTION

AMOUNT

FROM ORIGINALLY FILED RETURN

-315,361.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 44G

-315,361.

FORM 990-T

TAX COMPUTATION

STATEMENT 7

1.	TAXABLE INCOME	648,476	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	0	
3.	LINE 1 LESS LINE 2	648,476	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	0	
5.	LINE 3 LESS LINE 4	648,476	
6.	INCOME SUBJECT TO 34% TAX RATE	648,476	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	0	
9.	25 PERCENT OF LINE 4	0	
10.	34 PERCENT OF LINE 6	220,482	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX.	0	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C		<u>220,482</u>

▶ Attach to the corporation's tax return.

Name METHODIST MEDICAL CENTER OF ILLINOIS		Employer identification number 37-0661223
1	Alternative minimum tax (AMT) for 2010. Enter the amount from line 14 of the 2010 Form 4626	
2	Minimum tax credit carryforward from 2010. Enter the amount from line 9 of the 2010 Form 8827	17,426.
3	Enter any 2010 unallowed qualified electric vehicle credit (see instructions)	
4	Add lines 1, 2, and 3	17,426.
5	Enter the corporation's 2011 regular income tax liability minus allowable tax credits (see instructions)	134,639.
6	Is the corporation a "small corporation" exempt from the AMT for 2011 (see instructions)? • Yes. Enter 25% of the excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0- • No. Complete Form 4626 for 2011 and enter the tentative minimum tax from line 12	129,695.
7a	Subtract line 6 from line 5. If zero or less, enter -0-	4,944.
7b	For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation amount attributable to the minimum tax credit (see instructions)	
7c	Add lines 7a and 7b	4,944.
8a	Enter the smaller of line 4 or line 7c. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	4,944.
8b	Current year minimum tax credit Enter the smaller of line 4 or line 7a here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 7b, go to line 8c. Otherwise, skip line 8c	4,944.
8c	Subtract line 8b from line 8a. This is the refundable amount for a corporation electing to accelerate the minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of your return)	
9	Minimum tax credit carryforward to 2012 Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	12,482.

General Business Credit

▶ See separate instructions.
▶ Attach to your tax return.

METHODIST MEDICAL CENTER OF ILLINOIS

Identifying number

37-0661223

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	85,843.
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2011 (see instructions)	3	
4	Carryforward of general business credit to 2011. Enter the amount from line 2 of Part III with box C checked. See instructions for schedule to attach	4	
5	Carryback of general business credit from 2012. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	85,843.

Part II Allowable Credit

7	Regular tax before credits • Individuals Enter the amount from Form 1040, line 44, or Form 1040NR, line 42 • Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return	7	220,482.
8	Alternative minimum tax: • Individuals Enter the amount from Form 6251, line 35 • Corporations. Enter the amount from Form 4626, line 14 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56	8	0.
9	Add lines 7 and 8	9	220,482.
10a	Foreign tax credit	10a	
b	Personal credits from Form 1040 or 1040NR (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16a	11	220,482.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter 0.	12	220,482.
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	48,871.
14	Tentative minimum tax: • Individuals Enter the amount from Form 6251, line 33 • Corporations. Enter the amount from Form 4626, line 12 • Estates and trusts Enter the amount from Schedule I (Form 1041), line 54	14	129,695.
15	Enter the greater of line 13 or line 14	15	129,695.
16a	Subtract line 15 from line 11. If zero or less, enter -0-	16a	90,787.
b	For a corporation electing to accelerate the research credit, enter the bonus depreciation amount attributable to the research credit (see instructions)	16b	
c	Add lines 16a and 16b	16c	90,787.
17a	Enter the smaller of line 6 or line 16c C corporations: See the line 17a instructions if there has been an ownership change, acquisition, or reorganization	17a	85,843.
b	Enter the smaller of line 6 or line 16a. If you made an entry on line 16b, go to line 17c; otherwise, skip line 17c (see instructions)	17b	85,843.
c	Subtract line 17b from line 17a. This is the refundable amount for a corporation electing to accelerate the research credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of your return)	17c	

Part II Allowable Credit (Continued)

Note. If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (.75) (see instructions)	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter 0.	20	
21	Subtract line 17b from line 20. If zero or less, enter 0.	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2011 (see instructions)	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	171,611.
28	Add lines 17b and 26	28	85,843.
29	Subtract line 28 from line 27. If zero or less, enter 0.	29	85,768.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Enter the total eligible small business credit from line 6 of all Parts III with box E checked	31	
32	Passive activity credits from line 5 of all Parts III with box B checked and line 6 of all Parts III with box F checked	32	
33	Enter the applicable passive activity credits allowed for 2011 (see instructions)	33	
34	Carryforward of business credit to 2011. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for schedule to attach	34	
35	Carryback of business credit from 2012. Enter the amount from line 5 of Part III with box D checked and line 6 of Part III with box H checked (see instructions)	35	
36	Add lines 30, 31, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	0.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return • Individuals. Form 1040, line 53, or Form 1040NR, line 50 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b	38	85,843.

Form 3800 (2011)

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Eligible Small Business Credit From a Non Passive Activity
- F Eligible Small Business Credit From a Passive Activity
- G Eligible Small Business Credit Carryforwards
- H Eligible Small Business Credit Carrybacks

I If you are filing more than one Part III with box A, B, E, or F checked, complete and attach first an additional Part III combining amounts from all Parts III with box A, B, E, or F checked. Check here if this is the consolidated Part III

Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved for future use	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (do not enter more than \$5,000 in column (c) of Parts III with box A, B, E, or F checked, combined)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (do not enter more than \$500 in column (c) of Parts III with box A, B, E, or F checked, combined)	1j	
k Employer-provided child care facilities and services (Form 8882)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (Form 8907)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (Form 8909)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved for future use	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (Form 8931) (do not enter more than \$2 million in column (c) of Parts III with box A, B, E, or F checked, combined)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (Form 8834, Part I only)	1z	
aa New hire retention (Form 5884 B)	1aa	85,843.
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other	1zz	
2 Add lines 1a through 1zz and enter here	2	85,843.
3 Enter the amount from Form 8844	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Alcohol and cellulosic biofuel fuels (Form 6478)	4c	
d Low income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Reserved for future use	4i	
j Reserved for future use	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here	5	
6 Add lines 2, 3, and 5	6	85,843.

114403 12-14-11

Form 3800 (2011)

SCHEDULE O
(Form 1120)

Consent Plan and Apportionment Schedule
for a Controlled Group

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC
▶ See separate instructions.

2011

Name METHODIST MEDICAL CENTER OF ILLINOIS Employer identification number 37-0661223

Part I Apportionment Plan Information

1 Type of controlled group:

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire year.
- b From OCTOBER 1, 2011, until DECEMBER 31, 2011

3 This corporation consents and represents to:

- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, and for all succeeding tax years.
- c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on DECEMBER 31, 2011, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a Elected by the component members of the group.
- b Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending _____, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. N/A

- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).

- a The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c The corporation has a short tax year that does not include December 31.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (2011)

113335 12-12-11 JWA

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	METHODIST MEDICAL CENTER OF ILLINOIS	11-12	0.	0.	648,476.		648,476.	
2	ALLEN MEMORIAL HOSPITAL CORPORATION	11-12	0.	0.	0.		0.	
3	BROADBAND, INC.	11-12	0.	0.	0.		0.	
4	CENTRAL IOWA HOSPITAL CORPORATION	11-12	50,000.	25,000.	2,228,113.		2,303,113.	
5	METHODIST HEALTH VENTURES, INC.	11-12	0.	0.	0.		0.	
6	HNC SERVICES	11-12	0.	0.	0.		0.	
7	INTRUST	11-12	0.	0.	60,889.		60,889.	
8	IOWA HEALTH FOUNDATION	11-12	0.	0.	13,366.		13,366.	
9	IOWA HEALTH SYSTEM	11-12	0.	0.	0.		0.	
10	MEDIMORE, INC.	11-12	0.	0.	0.		0.	
11	METHODIST SERVICES, INC.	11-12	0.	0.	0.		0.	
12	NORTHWEST IOWA HOSPITAL CORPORATION	11-12	0.	0.	12,430.		12,430.	
Total			50,000.	25,000.	3,196,852.		3,271,852.	

Schedule O (Form 1120) (2011)

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(f) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	PRECEDENCE, INC.	11-12	37-1288604	0.	0.	0.	0.	0.
2	PROVIDER RESOURCE MANAGEMENT, INC.	11-12	37-1223550	0.	0.	0.	0.	0.
3	RURAL IOWA SPECIALTY PHYSICIAN CONSORTIUM, INC.	11-12	26-1271143	0.	0.	0.	0.	0.
4	ST. LUKE'S METHODIST HOSPITAL	11-12	42-0504780	0.	0.	0.	0.	0.
5	STL HEALTH RESOURCES COMPANY	11-12	42-1193499	0.	0.	111,073.	0.	111,073.
6	THE FINLEY HOSPITAL	11-12	42-0680354	0.	0.	0.	0.	0.
7	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	11-12	36-3678909	0.	0.	0.	0.	0.
8	TPG HEALTH	11-12	45-3791448	0.	0.	0.	0.	0.
9	TRIMARK PHYSICIANS GROUP, INC.	11-12	42-1335554	0.	0.	0.	0.	0.
10	TRINITY HEALTH ENTERPRISES, INC.	11-12	36-3320141	0.	0.	77,895.	0.	77,895.
11	TRINITY HEALTH SYSTEMS, INC.	11-12	42-1222877	0.	0.	0.	0.	0.
12	TRINITY MEDICAL CENTER	11-12	36-2739299	0.	0.	1,959.	0.	1,959.
Total								

Schedule O (Form 1120) (2011)

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket				(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	
1	TRINITY REGIONAL MEDICAL CENTER	11 12	0.	0.	42,651.	42,651.	
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Total							

Schedule O (Form 1120) (2011)

Part III Income Tax Apportionment (See instructions)

	(a) Group member's name	Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
		(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
1	METHODIST MEDICAL CENTER OF ILLINOIS	0.	0.	220,482.	0.	0.	0.	220,482.
2	ALLEN MEMORIAL HOSPITAL CORPORATION	0.	0.	0.	0.	0.	0.	
3	BROADBAND, INC.	0.	0.	0.	0.	0.	0.	
4	CENTRAL IOWA HOSPITAL CORPORATION	7,500.	6,250.	757,558.	11,750.	0.	0.	783,058.
5	METHODIST HEALTH VENTURES, INC.	0.	0.	0.	0.	0.	0.	
6	HNC SERVICES	0.	0.	0.	0.	0.	0.	
7	INTRUST	0.	0.	20,702.	0.	0.	0.	20,702.
8	IOWA HEALTH FOUNDATION	0.	0.	4,544.	0.	0.	0.	4,544.
9	IOWA HEALTH SYSTEM	0.	0.	0.	0.	0.	0.	
10	MEDIMORE, INC.	0.	0.	0.	0.	0.	0.	
11	METHODIST SERVICES, INC.	0.	0.	0.	0.	0.	0.	
12	NORTHWEST IOWA HOSPITAL CORPORATION	0.	0.	4,226.	0.	0.	0.	4,226.
Total		7,500.	6,250.	1,086,930.	11,750.	0.	0.	1,112,430.

Schedule O (Form 1120) (2011)

Part III Income Tax Apportionment (See instructions)

	(a) Group member's name	Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
		(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
1	PRECEDENCE, INC.	0.	0.	0.	0.	0.	0.	
2	PROVIDER RESOURCE MANAGEMENT, INC.	0.	0.	0.	0.	0.	0.	
3	RURAL IOWA SPECIALTY PHYSICIAN CONSORTIUM, INC.	0.	0.	0.	0.	0.	0.	
4	ST. LUKE'S METHODIST HOSPITAL	0.	0.	0.	0.	0.	0.	
5	STL HEALTH RESOURCES COMPANY	0.	0.	37,765.	0.	0.	0.	37,765.
6	THE FINLEY HOSPITAL	0.	0.	0.	0.	0.	0.	
7	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH	0.	0.	0.	0.	0.	0.	
8	TPG HEALTH	0.	0.	0.	0.	0.	0.	
9	TRIMARK PHYSICIANS GROUP, INC.	0.	0.	0.	0.	0.	0.	
10	TRINITY HEALTH ENTERPRISES, INC.	0.	0.	26,484.	0.	0.	0.	26,484.
11	TRINITY HEALTH SYSTEMS, INC.	0.	0.	0.	0.	0.	0.	
12	TRINITY MEDICAL CENTER	0.	0.	666.	0.	0.	0.	666.
	Total							

Schedule O (Form 1120) (2011)

Part III Income Tax Apportionment (See instructions)

		Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
1 TRINITY REGIONAL MEDICAL CENTER	0.	0.	14,503.		0.		14,503.	
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
Total								

Schedule O (Form 1120) (2011)

Part IV Other Apportionments (See instructions)

	(a) Group member's name	Other Apportionments				(f) Other
		(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	
1	METHODIST MEDICAL CENTER OF ILLINOIS	0.	0.	0.	0.	0.
2	ALLEN MEMORIAL HOSPITAL CORPORATION					
3	BROADBAND, INC.					
4	CENTRAL IOWA HOSPITAL CORPORATION					
5	METHODIST HEALTH VENTURES, INC.					
6	HNC SERVICES					
7	INTRUST					
8	IOWA HEALTH FOUNDATION					
9	IOWA HEALTH SYSTEM					
10	MEDIMORE, INC.					
11	METHODIST SERVICES, INC.					
12	NORTHWEST IOWA HOSPITAL CORPORATION					
Total			40,000.	150,000.		

Schedule O (Form 1120) (2011)

Part IV Other Apportionments (See instructions)

	(a) Group member's name	Other Apportionments				(f) Other
		(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	
1	PRECEDENCE, INC.					
2	PROVIDER RESOURCE MANAGEMENT INC.					
3	RURAL IOWA SPECIALTY PHYSICIAN CONSORTIUM, INC.					
4	ST. LUKE'S METHODIST HOSPITAL		6,000.	22,500.		
5	STL HEALTH RESOURCES COMPANY					
6	THE FINLEY HOSPITAL		10,000.	37,500.		
7	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH					
8	TPG HEALTH					
9	TRIMARK PHYSICIANS GROUP, INC.		24,000.	90,000.		
10	TRINITY HEALTH ENTERPRISES, INC.					
11	TRINITY HEALTH SYSTEMS, INC.					
12	TRINITY MEDICAL CENTER					
Total						

Schedule O (Form 1120) (2011)

	(a) Group member's name	Other Apportionments				(f) Other
		(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	
1						
2	TRINITY REGIONAL MEDICAL CENTER					
3						
4						
5						
6						
7						
8						
8						
10						
11						
12						
Total						

Schedule O (Form 1120) (2011)

Alternative Minimum Tax - Corporations

2011

▶ See separate instructions
 ▶ Attach to the corporation's tax return.

Name METHODIST MEDICAL CENTER OF ILLINOIS		Employer identification number 37-0661223
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	1 648,476.
2	Adjustments and preferences.	
a	Depreciation of post-1986 property	2a
b	Amortization of certified pollution control facilities	2b
c	Amortization of mining exploration and development costs	2c
d	Amortization of circulation expenditures (personal holding companies only)	2d
e	Adjusted gain or loss	2e
f	Long-term contracts	2f
g	Merchant marine capital construction funds	2g
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h
i	Tax shelter farm activities (personal service corporations only)	2i
j	Passive activities (closely held corporations and personal service corporations only)	2j
k	Loss limitations	2k
l	Depletion	2l
m	Tax-exempt interest income from specified private activity bonds	2m
n	Intangible drilling costs	2n
o	Other adjustments and preferences	2o *
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3 648,476.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	4a 648,476.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b 0.
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions) Note: You must enter an amount on line 4d (even if line 4b is positive)	4d
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e 0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5 648,476.
6	Alternative tax net operating loss deduction (see instructions)	6
7	Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7 648,476.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a
b	Multiply line 8a by 25% (.25)	8b
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c 0.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9 648,476.
10	Multiply line 9 by 20% (.20)	10 129,695.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11
12	Tentative minimum tax. Subtract line 11 from line 10	12 129,695.
13	Regular tax liability before applying all credits except the foreign tax credit	13 220,482.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14 0.

JWA For Paperwork Reduction Act Notice, see the instructions.

Form 4626 (2011)

* SEE ALSO

STMT 8

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	648,476.
2	ACE depreciation adjustment:			
	a AMT depreciation	2a		
	b ACE depreciation:			
	(1) Post-1993 property	2b(1)		
	(2) Post-1989, pre-1994 property	2b(2)		
	(3) Pre-1990 MACRS property	2b(3)		
	(4) Pre-1990 original ACRS property	2b(4)		
	(5) Property described in sections 168(f)(1) through (4)	2b(5)		
	(6) Other property	2b(6)		
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
	c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):			
	a Tax-exempt interest income	3a		
	b Death benefits from life insurance contracts	3b		
	c All other distributions from life insurance contracts (including surrenders)	3c		
	d Inside buildup of undistributed income in life insurance contracts	3d		
	e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
	f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4	Disallowance of items not deductible from E&P:			
	a Certain dividends received	4a		
	b Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b		
	c Dividends paid to an ESOP that are deductible under section 404(k)	4c		
	d Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
	e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
	f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5	Other adjustments based on rules for figuring E&P:			
	a Intangible drilling costs	5a		
	b Circulation expenditures	5b		
	c Organizational expenditures	5c		
	d LIFO inventory adjustments	5d		
	e Installment sales	5e		
	f Total other E&P adjustments. Combine lines 5a through 5e		5f	
6	Disallowance of loss on exchange of debt pools		6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8	Depletion		8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	648,476.